

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007589

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: FLOYD SEWELL INSURANCE AGENCY INC

## Current Principal Place of Business:

4540 SOUTHSIDE BLVD.  
SUITE 1102  
JACKSONVILLE, FL 322165495

## New Principal Place of Business:

1831 OCEAN DR S  
JACKSONVILLE BEACH, FL 322506242 US

## Current Mailing Address:

4540 SOUTHSIDE BLVD.  
SUITE 1102  
JACKSONVILLE, FL 322165495

## New Mailing Address:

1831 OCEAN DR S  
JACKSONVILLE BEACH, FL 322506242 US

FEI Number: 59-3156037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEWELL, FLOYD  
STATE FARM INSURANCE  
4540 SOUTHSIDE BLVD., SUITE 1102  
JACKSONVILLE, FL 322165495 US

## Name and Address of New Registered Agent:

SEWELL, FLOYD  
1831 OCEAN DR S  
JACKSONVILLE BEACH, FL 322506242 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: SEWELL, FLOYD  
Address: 1831 OCEAN DR S  
City-St-Zip: JACKSONVILLE BEACH, FL 322506242 US

Title: V  
Name: SEWELL, HILDA  
Address: 1831 OCEAN DR S  
City-St-Zip: JACKSONVILLE BEACH, FL 322166242 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R FLOYD SEWELL

PRES

01/08/2010

Electronic Signature of Signing Officer or Director

Date